



CONTACT INFORMATION FOR PERMIT APPLICATION

Dear Applicant:

Please complete the following information. Your email address is required so you can be notified on the status of your plans.

First Name: (PRINT CLEARLY) Marcos Last Name: (PRINT CLEARLY) Alvarez

Cellular Number: 786-547-7109 Office/Home Number: 786-547-7109

EMAIL Address: Fvsecs@gmail.com

Comments:
Rework
Remove illegal garage conversion

If you are submitting a municipal plan, please provide the municipal process number(s) and ensure the municipal application is in the office set of plans _____

PLEASE INDICATE IF PLANS ARE

- | | |
|---|--|
| <input type="checkbox"/> GOV'T PROJECT/ DEPT _____ | <input type="checkbox"/> GREEN BLDG (NEW CONSTRUCTION ONLY)* |
| <input type="checkbox"/> AFFORDABLE/ WORKFORCE HOUSING* | <input type="checkbox"/> ECONOMIC SIGNIFICANCE* |

(*Pursuant to Ordinance 99-140; Ordinance 05-115; and Ordinance 08-51. Project may have additional requirements.)

REQUESTED REVIEWS

- | | | | | | |
|---|--------------------------------------|---|-------------------------------|---|-------------------------------|
| <input type="checkbox"/> ALL | <input type="checkbox"/> BLDG | <input type="checkbox"/> DERM | <input type="checkbox"/> ELEC | <input type="checkbox"/> ENRG | <input type="checkbox"/> FIRE |
| <input type="checkbox"/> HCAP | <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> MECH | <input type="checkbox"/> PLUM | <input type="checkbox"/> PWKS | <input type="checkbox"/> PWCC |
| <input type="checkbox"/> ROOF | <input type="checkbox"/> SIGN | <input type="checkbox"/> STRU | <input type="checkbox"/> ZNPR | <input type="checkbox"/> WASD | <input type="checkbox"/> PWIF |
| <input type="checkbox"/> PERMIT BY AFFIDAVIT CHECK | | <input type="checkbox"/> SHORT TERM EVENT AFFIDAVIT CHECK | | <input type="checkbox"/> OPTIONAL PLAN REVIEW | |
| <input type="checkbox"/> BLDG <input type="checkbox"/> ELEC <input type="checkbox"/> MECH <input type="checkbox"/> PLUM <input type="checkbox"/> STRU | | | | | |

-FOR OFFICE USE ONLY-

Miami Dade County Dept. of Building and Planning Regulatory Services Permits Processing Specialist:

0001149691 - 6/28/2016 7:03:10 AM Clerk Name: Bianca Arrival Time: 2:20

C.S. 06202016.pdf Process No(s): 2016129974

Examiner: David Cherry Date Time Stamp: 6/22/2016 2:30:52 PM Dept. Trade Stamp Name: ELEC Disapproved

- | | |
|--|--|
| <input type="checkbox"/> Re-Issue | <input type="checkbox"/> Plan Revision |
| <input checked="" type="checkbox"/> Rework | <input type="checkbox"/> Shop Drawing |